## 50201502

FE6AN023

FEC FORM 3

## **REPORT OF RECEIPTS**

For An Authorized Committee

SECRETARY OF THE SENATE

.15 APR 20 AM 11: 30 Office Use Only

		<del></del>							
1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typin er the lines.	g, type	ĺ2FE4M			
	ommittee	to Elact	Joyce	Duet	Serson	J 7024	15 Sen	aki	
ADDRESS (number and street) 1728 Emerald Valley Road									
	Check if different than previously reported. (ACC)	Calum	bia			150	29210	<u> </u>	
2.	FEC IDENTIFICATION N		CITY ▲		<del></del>	STATE A	ZIP CO		
	000552	ØI)	3. IS THIS REPORT	NEW (N)	OR	AMENI (A)		TE ▼ DISTRI	
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:		) 12-Day <b>PRE</b>	-Election Repo	( <del>-</del>	<b>¬</b>	<u> </u>		
	April 15 Quarterly			Primary (12P) Convention (		General (  Special (1		Runoff (12R	
	July 15 Quarterly October 15 Quarter		Election on	<b>M</b> M /	/ (۵ (۵	<u> </u>	in th	11.78	
	January 31 Year-E	nd Report (YE) (c)	(c) 30-Day POST-Election Report for the:						
	Termination Report	· (TED)		General (30G	) [	Runoff (3	OR)	Special (305	
	[] remination nepor	r (IEn)	Election on		<b>B</b> 4	2014	in th State	4-	
5.	Covering Period	T'61'	2075	through	<u> </u>	' <b>31</b> '	288		
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Dyce Toxetters									
Signature of Treasurer Date Date Date DAT ZOIS									
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109									
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